z B 1 PLACE OF DEATH

County Muestre 5913	CERTIFICATE OF DEATH Registration Dist. No. 350
Village or City (No. ,)	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSX 4 COLOR OR RACE 5 SINGLE, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH. Office 134, 1915 (Month) (Day) (Year)
AGE (Month) (Day) (Year) (Year) (AGE (Month) (Day) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (Year) (A) (B) (Day) (Day) (Day) (Year) (Yea	that I last saw how alive on the date stated above, at a m. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Md	Contributory Soldar (Quralion) yrs mos ds.
10 NAME OF FATHER ST. Bowland. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed), M. 0. ### (Address) ### Address, M. 0. *State the DINEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicioal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
Filed 1914, 1915 Efstran Hellman. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER PURIOUS PURI
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Groeery; (a) Foreman, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, eian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthèria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," Struck by railway train-accident; Revolver wound of "PUERPERAL peritonitis," birth or miscarriage as "Puerperal septichaemia, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, chopheumonia (secondary), 10 ds. Never report mere Example: Measles (discuse causing death), 29 ds.; Broneough; Chronie vulcular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Soreoma, etc., of..... "Heart failure," "Heemorrhage," "Inanition," "Marasrent) affection need not be stated unless important nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of symptoms or terminal conditions, such as "Asthenia, Anaemia" (inerely symptomatic), "Atrophy," "Coloma," "Convalsions," "Debility" ("Con-The contributory (secondary or intercuretc. State cause for which (Recommendations

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY4 1915
BUREAU, V.S.

N.B.

	PLACE OF DEATH	STATE OF MARYLAND
Co	unty MERCESTER MU	CERTIFICATE OF DEATH
		Registration Dist. No. 350
	Deli ms	[If death occurred in
Vi	lage or City (No. ,	St.; Ward) a hospital or institution, give its NAME instead
	Cambri 120	of street and number.]
	FULL NAME CONTINUE	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WIDOWED	16 DATE OF DEATH april 7- 1915
1	male Colored WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	about 1863	, 191 , 10 , 191 ,
	(Month) (Day) (Year)	that I last saw her alive on and 1915,
57	If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm.
-	5/yrs mos ds. OR min.?	The CAUSE OF DEATH * was as follows:
8	OCCUPATION	Sanding Olas Su
	(a) Trade, profession, or particular kind of work	as more than the same of the s
#	(b) General nature of Industry	
	business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9	BIRTHPLACE (State or country) 20	Secondary
1 -	11 ary Loud	(Byrellen) yrs mos ds,
	10 NAME OF FATHER ON A	(Signed) Charles of Low M. O.
1 4		apr. 9. 1815 (Address) Berlin mg
	OF FATHER (State or country) Maryloud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	12 MAIDEN NAME OF MOTHER MAIN	
	In knowy	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE: OF MOTHER (State or country) Morylonid	At place in the of death yrs. mos. ds. State, yrs. mos. ds.
14	THE ABOVE STRUE TO THE BEST OF TY KNOWLEDGE	Where was disease contracted, If not all place of death?
	Linell Marisa	Former or
	(Informant) Coupe / Source	usual residence
	((Address) Berlin Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	al au - ulh	or Vauls (emelery 1914 , 1914
	Filefly. 9 , 1915 Wh Nollowoy	29-UNDERTAKER ADDRESS
	REGISTAR	1 Juneage Torn
	If more blanks are needed, address State Registrar,	An M. Darames Dr., Dann., Reducating 1. D. Mr. T.

5914

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Doy loborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line engineer, Stationory fireman, etc. But in many cases, ness of various pursuits can be known. The question is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic Struck by railwoy train—accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "Puenpenal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septichaemio," "Coma," (merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere acid—probably

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MAY3 1915
BUREAU, V.S.

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE CAUSE OF N.B.

Village or City Trumble ling (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 350 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Affinith (Day (Year)) 17 11 HEREBY CERTIFY, That Lettended deceased from
Out 1838 (Month) (Day (Year)	March 16 1915 to April 4 1915, that I last saw herisalive on April 74 1915
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at a m, The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Branchist Function yrs. mos. 3 ds. Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.
(Interment) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ALL BALLON REMOVAL 20 UNDERTAKER ALL CALLED ADDRESS ADDRESS
REGISTRAR	Front Covered to Ned Chapelson

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eausation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanitlon," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report of

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MAY 4 1915 BUREAU, V.S.

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Village or City Bishofielle (No. 2)

*FULL NAME Not Name

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 33-3

St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Widowed)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h allve on 4- 7
7 AGE 11 LESS than 1 day,4+.hrs. ORmin.?	and that death occurred on the date stated above, at 4 A m The CAUSE OF DEATH* was as follows: Premative Lalar 5 month
BOCCUPATION (a) Trade, profession, or particular kind of work	m gestolin
(b) General nature of Industry, business, or establishment in which amoloyed (or employer)	(Doration)yrsmosds.
OBJETHPLACE (State or country) Maryland	(Secondary) (Duration) yrs mos ds
11 BIRTHPLACE OF FATHER State or country 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF BRITTING 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) 191 X (Address) Probabile Mrs. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother atha K. Marris 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
Informant) E. J. Brittingham	If not at place of death?————————————————————————————————————
(Address) Disnoprice May 15 Filed April 9, 1915 Harry Barre REISTRAR	Marris Countery afrilg, 1915. 20 UNDERTAKER MARRIS Bishopville
If more blanks are needed, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers applies to each and every person, irrespective of ago tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question mine, etc. essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinocaum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal schiichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma, etc., of _ is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all discases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:



. S. No. 1.

YSICIANS atement of	County Worcester 5917	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 353
d. Exact st	Village or City CONO. T., C. (No. T., C.)	Bugnau [If death eccorred in a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
e stated E	SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
hould be be prope certifica	(Month) (Day) (Year)	that I last saw h, 191, 191, 191, 191
ed. AGE s hat it may on back of	7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
in terms, so the instructions	particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Burstion) yrs mos. ds, Contributory Secondary
on should be ca DEATH in plan nportant. See	10 NAME OF FATHER DAW BUIGMAN 11 BIRTHPLACE OF FATHER (State of Country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Address Discharge Causing Death, or, in leaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Information CAUSE OF	of MOTHER OUL Suitus 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the af death
Every item o should state OCCUPATIO	(Address) Britishice Mix	Former or usual randance 19 PLACE OF BURIAL OR REMOVAL St. Martine Churil office 11
N. E.	Flied LLY 1915 / LAWY MAYNE REGISTRAR If more blanks are needed, address State Registrar, 1	20 UNDERTAKER ADORESS Birth Mod W. Saratoga St., Batto, Baggesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs. } business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever If retired from without more The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of: "Contributory." (Recommendations and eonsequences (c. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus, lapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. gcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy," "Col-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephruis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping or miscarriage as "Puerperal septicharmia," by railway train-accident; Revolver "Old Age," "Shock," "Uraemia," "Weakness, Always qualify all diseases resulting from child-The contributory (secondary or intereur-State cause for which Never report mere wound of



_	PLACE OF DEATH 5318	STATE OF MARYLAND
	Cause Macester	CERTIFICATE OF DEATH
	County	Registration Dist. No. 350
	new fremore it had	Clf death accurred in
	Village or City	a hospital or institution,
	Treston Cla	give its NAME instead of street and number.]
=	² FULL NAME	/ 1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED	16 OATE OF DEATH (Month) (Day) (Year)
	Tale Colored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
	6 DATE OF BIRTH	, 191, 191, 191, 191,
	(Month) (Day) (Year)	ر (that I last saw h alive on
	7 AGE If LESS than	and that death occurred on the date stated above, at
5	yrs. mos. ds. ds. or min.?	
2	8 OCCUPATION . If	Daniel Daniel William
1	(a) Trade, profession, or A homes	firt.
Q	(b) General nature of industry business, or establishment in	(Duration)yrsmosds.
	which employed (or employer)	Contributory
	9 BIRTHPLACE (State or country) Some PRITCH WA	Secondary .
5	10 NAME OF SOCIAL	(Signed) , M. D.
	ale Claylor	- 4/19 mis aumilia la trans
2	II BIRTHPLACE OF FATHER (State or country)	Stand the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuny; and (2) whether Accidental Suicidal or Homicidal.
E	DE TATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Suicidal or Homicioal.
-		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
2	13 BIRTHPLACE OF MOTHER (State or country)	Al place of death yrs. mos. is. Slale, yrs. mos. ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, if not all place of death?
	(Informani) Earl Celegion	Former or usual residence
	(Address) Po comola	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	15 4/: O A	- Blay on Ungone t/ 15 191.2.
	Filed 7/19, 1915 Throam Hellman	20 UNDERTAKER ADDRESS
	REGISTRAR	Totas Daward Pocomore
	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housebusiness, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Laborer mill; (a) Solesman, (b) Greery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locamotive first line will be sufficient, e. g., Parmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coul mine, etc. Women at home, who are engaged in the second statement. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," engineer, If retired from Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations mus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cough; Chronic valvular heart disease; Chronic interstitial Struck by roilway troin—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as "Puerperal septichaemia," cause. "Heart failure," "Hacmorrhage," "Inamition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Dalility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, etc.), "Dropsy," "Exhaustion," ("Con-



V. S. No. 1.

		hould state
	RECORD	HYSICIANS .
	MANENT I	EXACTLY. F
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	INK-THIS	lied. AGE she be properly o
	UNFADING	carefully supp that it may certificate.
	ILY, WITH	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be p important. See instructions on back of certificate.
)	RITE PLAIN	of Informatio DEATH in pi
V. D. ING. I.	W	CAUSE OF Important.
V . D.		2

3 SEX the

6 DATE

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15 Filed__

PLACE OF DEATH County Stareuster



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 353

St:Ward)

[If death occurred is a hospifal or institution, give its NAME Instead uf street and number.]

*FULL NAME Charles TH Davidson

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale While Single, Marrie Widowed, ORDIVORCEO (Write the word)	(Month) (Day (Year)
B DATE OF BIRTH A/L 10.57	I HEREBY CERTIFY, That I stiended decessed from
7 AGE (Month) (Day (Year) If LESS that 1 day,hrs OR min.?	and that desth occurred on the date stated above, at 1.3 6 Pm.
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory newy of the sorta
10 NAME OF FATHER GLOT Y Davidson 11 BIRTHPLACE OF FATHER (State or country) Maryland 22 MAIDEN NAME OF MOTHER OF DAVIDSON	(Signed) Polling Capelage, M. O. (Signed) Alling Capelage, M. O.
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) Af place In the Use of death State State State Mos. Mos. Mos. Mos. Mos. Mos. Mos. Mos.
(Interment) Leva Davidson (Address) Bishorulle HBD	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DAL Sellen bar Appless 20 UNDERTAKER ADDRESS
Filed you le 1915 stany of lamb	P F Watson Silbrulle

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Satesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: The question (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Dipatheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asvalvutar heart disease; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopmeumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Puerperal peritonitis," Always qualify all diseases resulting from Meastes "Scuile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," ctc. State cause for "Exhaustion," For vio-



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	om of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve t. Sea lectricitions on back of cartificate.
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	or of information should be carefully supplied. OF DEATH in plain terms, so that it may be partitioned to be perfected on back of cartificate.
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Every Itel CAUSE C Important

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Wirees ! Registration Dist. No. It death occurred in -Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 1915 to (Day TAGE It LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE e. 6 . 191 0 " (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death _____ yrs. ___ mos. __ State . Where was disease contracted. If not at place of death? Former or usual residence 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

REGISTRA



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," who have no occupation whatever, write None. cated this: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dnties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; Servant, Cook, Housemaid, etc. If the occupation has mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—In a decepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eanse of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuenreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 3 1915
BUREAU, V.S.

d IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS WRITE

Ounty Wiresla	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350
Village or City Mess Presser (No. Seorge	St; Ward) St; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Color or RACE MARRIED, WIDOMED, ORDINARD ORDINARD (ILIJie the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here silve on 4/9/15, 191
7 AGE If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 430 a,m. The GAUSE OF DEATH* was as follows: My occurred on the date stated above, at 430 a,m. My occurred on the date stated above, at 430 a,m.
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Petrope (State or country) Worcestur (eo	(Duration) Several Trs. mos ds. Contributory General Edenia. (Secondary)
10 NAME OF FATHER Speneer Dairs 11 BIRTHPLACE OF FATHER (State or country) Marcester Co	(Signed) Exwirehant yrs. T mos. ds. (Signed) Exwirehant , M. D. 4/(0, 1915 (Address) Snow Hell, M.d. *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENCE.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 10 M Llaves	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Address of Palennokk 15 Filed 1913 Shrain Italian REGISTRAR If more blanks are needed, address State Registrar, 8 E	19 PLACE OF BURIAL OR REMOVAL Name of BURIAL 29 UN DERTAKER Stevenson and Bro focomobilent Franklin St. Balto, Requesting V S. No. 1

No. ŝ

N.B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. CAUSINO NEATH, state occupation at heginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carein-

cause of death approved by Committee on Nomenclasepsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915 BUREAU, V.S. WRITE PLAINLY, WITH UNFADING INK-THIS IS

CAUSE OF DEATH in plain terms, so that it millimportant. See Instructions on back of certificate.

N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

AGE should be

RECORD

A PERMANENT

1 PLACE OF DEATH

5921

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.: Ward)

If death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male about 5 single, Married, Wilowed, Orbivoneed (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 D	March Month (Day (Year)	that I last saw h As alive on April 5 , 1915
(8)		and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
(b) busi white	General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Cold + Brain Troube Secondary
TS	10 NAME OF Charles Halland	(Signed) Production yrs mos 7 ds. (Signed) Production w D. Hull 8, 1915 (Address) Power who city has
PARENT	OF FATHER (State or country) Wordster Geo 12 MAIDEN NAME OF MOTHER Juniu wase	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Worcester Co	At place in the ot death yrs mos ds
	Intermant) AMIS DUMES	Where was disease contracted, If not at place ot death? Former or usual residence.
15 File	(Address) Party March Cylinas 1915 Ephran Hellman REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL James 20 UNDERTAKER Poconcile

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Honsemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritongeum, etc., Carcin-

valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerpenal poritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haeworrhage," "Inanition," "Maras-"Collapse," "Соша," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The coutributory (secondary or intercurrent) totanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 4 1915

BUREAU, V.S.

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OCCUPATION

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PHYSICIANS

5922 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Wartesles Registration Dist. No. 350 lit death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Dav) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH 16- 1915 to 4alive on H-(Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * waa as follows: OR 7 8 OCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER . (Address) 11 BIRTHPLACE OF FATHER (State or country) K *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ ds. State Where was disease contracted. MY KNOWLEDGE It not at place of death?= usual residence DATE OF BURIAL (Address), t9t. 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, V E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indiduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PURBPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Mcasles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never repor cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY3 1915
BUREAU, V.S.

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CTLY PHYSICIANS I. Exact statement of	Village or City romone City (No. 2) 25 Victoria	State of Maryland CERTIFICATE of DEATH Registration Dist. No. 350 St.; Ward) St.; Ward) St.; Ward) St.; Ward a hospital or institution, give its NAME instead of street and number.]
EXA	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH A3 1915
properly rtificate.	Male Colored WIDOWED To gle G DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from ,191, to
AGE sh tit may b back of o	7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 119m. The CAUSE OF DEATH * was as follows:
fully supplied. terms, so that structions on	(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mos.
9 2 2 2	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration) yrs, mos. ds.
information should be AUSE OF DEATH in pi	of FATHER Metcher Ingden 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Dertha	(Signed) , 191. (Address)
	13 BIRTHPLACE OF MOTHER (State or country) Pocomore Cty Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of daethyrs
item of ir state CA PATION	(Informant) Fletcher Dryden	If not at place of death? Former or usuat residance
N. B.—Every item of should state	15 4/3 1918 Ghrain Hellinger REGISTRAR	20 UNDERTAKER CONSTRUCTION POLICE PROPERTY POLICE OF BURIAL DATE O



[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) ' rocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collan especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Campositar, Architect, applies to each and every person, irrespective of age. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part At home. Care should be Never return Locomoline engineer, If retired from "Laborer,"

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Déphlheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (c. g., sepsis, telanus) may be stated on statement of cause of death approved by Committee surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-prabably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, etc., when a definite disease can be ascertained as the "Heart failure," "H emorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic reductor heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull oma," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercur-Never report mere "Atrophy," "Col-"Exhaustion,"



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT RECORD

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WRITE

CAUSE OF I

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1 PLACE OF DEATH

5424

County WORDS

Village or Git Laylornile Mod

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist, No.

Registration Dist, No...

.St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Welliam HErons

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION A COLOR OR RACE S SINGLE, MARRIED, Marrie Marrie Marrie Marrie Marrie Marrie Month Widdwed, ORDIVORCED (Write the word) (Year) Tage It LESS than t day, hrs. OR min.?	16 DATE OF DEATH (Month) (Day (Year) 17 I hEREBY PERTIFY, That I attended deceased from Office 1915 that I last saw have alive on Office 20 1915 end that death occurred on the date stated above, at 2 m The CAUSE OF DEATH* was as follows: Reaky. Heart confected bousely
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory Secondary
OF FATHER MILLION J- TOVOUS 11 BIRTHPLACE OF FATHER (State or country) Deloword 12 MAIDEN NAME OF MOTHER	(Signed) (Si
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Borsch 6- Errons (Address) Berlin MA RTDAY	Af place of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Morlins Neck Cemulary Opr. 22, 191
Filed	P. F. Walson Delby will



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, c. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremun, etc. But in many For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head injury, as fracture of skull, and eonsequences (c. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Mcastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cte. The eontributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



County Worcester 5925	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Berlin 1 (No 1), 200 2 FULL NAME anna Marga	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH APPIL 19 , 1915 (Month) (Day) (Year)
6 DATE OF BIRTH The bold of AT. (Day) 19/2 (Month) (Day) (Year)	April 19 ,1915, to April 10 ,1915, that I last saw h. ar. alive on April 10 ,1915,
7 AGE 3 yrs. mes. ds. or min.?	and that death occurred on the date stated above, at
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. 13 ds. Contributory LOBOLICAS, 50 Secondary
10 NAME OF FATHER James	(Signed) (Quration) (Signed) (Address) (Addres
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country)	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) Buen my RFD. 15 Filed 1/20, 191 - WK Holloway REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Laglororlle Church gol Christ 20, 1915 20 INDERTAKER ADDRESS Bullin Mal
If more blanks are needed, address State Registrar,	y war g

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servonl, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepiers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); Lobar pneumonia, indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated birth or misearriage as "Puerperal septichaemio," "Puerperal peritonitis," etc. State cause for which heod-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths genital," cough; Chronic wahrdar heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcomo, etc., of......... (name origin; "Cancer" is less definite; avoid use of Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; H'hooping " "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" "Atrophy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURFAU.V.S.

V. S. No. 1.

Important.

N. B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. carefully supplied. AGE should be significant that it may be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS DEATH in plain terms, so that it m. See instructions on back of certificate. of Information should be CAUSE OF

1 PLACE OF DEATH

5926

Horeister

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;----.Ward) [if death occurred to a hospital or institution,

ADDRESS

	FULL NAME Alomo It. Sy	or de give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38	Hale Black MARRIED, Single Widower, applyonced (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	ATE OF BIRTH July 3, 1895 (Month) (Day (Year)	that I last saw ham alivs on a pil 18 , 1915.
7 A	GE If LESS than t day,hrs. OR min.?	and that death occurred on the date stated above, atA.m., The CAUSE OF DEATH* was as follows:
(a) (b) bus wh	CCUPATION) Trade, profession, or riticular kind of work) General nature of industry, siness, or establishment in ich employed (or employer) IRTHPLACE (State or country)	(Duration) of Jungs) (Duration) yrs mos ds. Contributory Secondary
ARENTS	10 NAME OF FATHER Jamis & Gordy 11 BIRTHPLACE OF FATHER (State or country) Affaryland 12 MAIDEN NAME	(Signed) (Signed) yrs mos ds, (Signed) Archard M. D. Archard M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Hardend THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
1.5	(Informant) Jenner & Horay (Address) It halyville M.D.	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Delate of Burial Att 28 1014

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAS

20 UNDERTAKER



[Approved by U. S. Consus and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (6)

Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerferal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertakeu. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for FOR VIO-



Z.B.

Village or City Showell (No. A 14 2) 2 FULL NAME William 86 16	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Phile 5 SINGLE, MARRIED, WIDOWED OR DIVORCED MARRIEM	16 DATE OF DEATH Country (Month) (Day) (Year)
6 DATE OF BIRTH Suly 5, 1833 (Month) (Day) (Year)	that I last saw halive on, 191,
If LESS than it day, hrs. OR mtn.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or families (b) General nature of Industry business, or establishment in which employed (or employer)	(Buration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mayland	Contributory Secondary
10 NAME OF William Hadden 11 BIRTHPLACE OF FATHER 12 DE STATER	(Signed)
OF FATHER (State or country) Marylonich 12 MAIDEN NAME OF MOTHER MANIA Jackson	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE	OR RECENT RESIDENTS) At place In the of death
(Informant) 16 ONE STORY KNOWLEGE	if not et place of deeth ?
(Address) Albreill Frid	Tayloville Gunel gl Child 21, 1915
Filed 72/-, 191 V W F ASLEON REGISTRAR	1. H. Burbage How Berlin Hel
If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Requesting V. S. No. 1.

2



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. Never return "Laborer," is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery iniportant, so that the relative healthful-For persons who have no occupation whatever If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing definite primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "Puemperal septicharmia," under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic, volcular heart discose; Chronic interstitud nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association. on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated Struck by roilway troin-accident; Revolver wound of state MEANS OF INJURY and qualify as "PUERPENAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from child-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ges, peritonaeum, etc., Carcinoma, Sarcama, etc., of etc., when a definite disease can be ascertained as: the Example: Measles (disease causing death), 29 ds.; Bronrent)' affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cameer" is less definite; avoid use of The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," Never report mere "Exhaustion," ACCIDENTAL,



S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N. B.-

1 PLACE OF DEATH	5928
County Trous to	
21-11-) (No
Village or City)(No
FULL NAME OF ULL	u f



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.3

St.;....Ward)

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME OF WONE OF THE	20
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall 4 COLOR OR RACE SINGLE, MARRIED, MIDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH While 1995 (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from ufnil 28 1915., to
(Month) (Day (Year)	that I last saw has allve on upril 28, 1915-
06 yrs 4 mos / ds. OR min.?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work.	ysis following feel in head
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos 12 Lac
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds.
on 11 BIRTHPLACE	(Signed) I le Oglesty, M. D. april 1915 - (Address) Findletwo pud:
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds
(Informant) The ABOVE IS TRUE TO THE BEST OF MYNKNOWLEDGE (INTORMANT)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 079 ///////////////////////////////////	Malshir Smulm May - 7- 191 5
Filed 4/30/, 191.5- WAS PEGISTRAR	HAMUN HAMALA ANDONESS - MA
If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. dnties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," mns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State "Exhanstion," cause for For vio-



* V * * * * * * * * * * * * * * * * * *	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RECORD	EXACTLY ssified. Ex
	PERMANENT	Every item of information should be carefully supplied. AGE should be stated should state CAUSE OF DEATH in plain terms, so that it may be properly class OCCUPATION is very important. See instructions on back of certificate.
	-THIS IS A	that it may be on back of
	VFADING INK	arefully suppl ain terms, so e instructions
	Y, WITH UN	EATH in pla portant. See
	HITE PLAINE	information SAUSE OF D N is very im
	W	very item of lould state CCUPATIO
V. S. No. 1.		N. B.—E.

5929	
1 PLACE OF DEATH	STATE OF MARYLAND
County Hales The	CERTIFICATE OF DEATH
	Registration Dist. No
Village or City (No. (No.)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO OR DIVORCEO (Write the word) (Write the word)	16 DATE OF DEATH Month) Month (Day) (Year)
© DATE OF BIRTH	Mauli Win, 1915, to The Lattended deceased from
(Month) (Day) (Year)	that I last saw her alive on file he he, 1914,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 3.72 m.
62. yrs. mos. his ds. or min.?	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or	d a
particular kind of work. Names T. R.	Collandin
(b) Generat nature of industry business, or establishment in which employed (or employer)	(Buration) yrs. / mos. ds.
9 BIRTHPLACE (State or country)	Contributory Quality
10 NAME OF STATHER WAS ALLEST KILLING	(Signed) (Signed), M. 0.
UN 11 BIRTHPLACE OF FATHER (State or country) with history	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLETT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL,
OF MOTHER TO KILLING	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place tn the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at piece of death ? Former or usuel residence
(Address) Tanaka Kara	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROPERTY., 1915
Filed 7 300 , 1912 Extract Sellisters	20 LANGERTAKER ACORESS O CONSULE
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers eion, Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Coak, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Never return "Laborer," But in many cases, If retired from engineer,

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dephtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid pneumonia"); Lobar: pneumonia, Bronchopmeumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by corbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or misearriage as "Puenperal schichuemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," suicide. to determine definitely. Examples: Accidental drowning; "Heart failure," "H. emorrhage," "Inanition," "Marasgenital," "Senile," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsious," "Debility" "An remia" Example: Measles (disease eausing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intercuretc.), "Dropsy," "Atrophy," "Col-"Exhaustion, ("Con-



PLACE OF DEATH 5930 County Warrester	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Birhofrell (No	Registration Dist. No. 3.5.3 [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX Finale 4 COLOR OR RACE MARRIED, WIGOWED, OR OIVORCED OIVORCED OR OIVORCED OR OIVORCED OR OIVORCED OR OIVORCED OR OIVORCED OIVORCED OR OIVORCED OIVO	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Note 12 (Month) (Day) (Year)	that I last saw here alive on Afril (2), 1915.
FOCCUPATION (a) Trade, profession, or Tage	and that death occurred on the date stated above, at 6 Pm, The CAUSE OF DEATH* was as follows: Tuberlais f Casumona of The atdomses
particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Coremon 2 Cyrs mos ds. (Secondary) (Duration) yrs mos ds.
10 NAME OF Jenuel Huckron 11 BIRTHPLACE (State or country) Delaware 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MOTHER OF MOTHER	(Signed) R Bolling , M. D. (Signed) R Bolling , M. D. (Signed) ,
13 BIRTHPLACE OF MOTHER (State or country) Delaware	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, Joseph Layton (Address) Birhopville Mal 15 Filed afril 8, 1915 Harry & Registrar REGISTRAR	Where was disease contracted, If not at place of death? Former or USUAL TESTIGENCE 19 PLACE OF BURIAL OR REMOVAL OLL FELLOW COMMON PRINCE 20 UNDERTAKER ADDRESS ADDRESS
	r, C E. Franklin St., Baito., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care statement. it should be used only when needed. applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puterenal septichneetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important nant neopiasms); Measles; Whooping cough; Chronk zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... Hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:



V. S. No. 1.

Cour	1 PLACE OF DEATH 3931	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	go or City Anowottill and (No	Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ale Color or RACE MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word) TE OF BIRTH Lamany 16 1 2 1 4 2 4	18 DATE OF DEATH (Month) (Day) 17 I HEREBY CERTIFY, That I attended deceased (J., 191.5, to,)
7 AG	(Monyh) (Day) (Year)	that I last saw he alive on and that death occurred on the date stated above, at I the CAUSE OF DEATH * was as follows:
wh	S) General nature of Industry siness, or establishment in nich employed (or employer) IETHPLACE (State or country) ID NAME OF A A A A A A A A A A A A A	Contributory (Buration) yrs. mos.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) workerstone Comd 12 MAIDEN NAME OF MOTHER 13 WATER 14 WATER 15 WATER 17 WATER 18 WATER 19 WATER 19 WATER 10 WATER 10 WATER 11 WATER 12 WATER 13 WATER 14 WATER 15 WATER 16 WATER 17 WATER 17 WATER 18 WATER 18 WATER 19 WATER 10 WATER 10 WATER 10 WATER 10 WATER 10 WATER 11 WATER 12 WATER 13 WATER 14 WATER 15 WATER 16 WATER 17 WATER 17 WATER 18 WATER	(Signed) State the Dibease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accident Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
14 TI	13 BIRTHPLACE OF MOTHER (State or country) we could be made HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place In the of doathyrsmosds. State,yrsmosti not at place of death?
	(Informant) Leorgana Livro	Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Forem:n," "Manager." "Dealer," etc., without more of the second statement. Never return "Laborer," mobile fuctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever The material worked on may form part If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Bronchopmeumonia ("Pneumonia," Lobar pneumonia, Bronchopmeumonia of lungs, menin-

mus, ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . under the head of "Contributory." (Recommendations Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Anacmia" (merely symptomatic), "Atrophy, Collapse," "Coma," "Convulsions," "Dehility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated "PUERPERAL perilouities," Example: Meosles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-" "Old Age," "Shock," "Urw mia," "Weakness, or miscarriage as "Pubriperal schichaemia," The nature of the injury, as fracture of skull etc. State cause for which ACCIDENTAL,

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence: All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915 BUREAU, V.S.

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certificate

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook: taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekrepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many cases, applies to each and every person, irrespective of age. write Nonc. mobile factory. The material worked on may form part mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telmus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deates mus," "Old Age," "Shock," "Ura-mia," "Weakness, symptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic ocid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL "PUEHPERAL peritonitis," ctc. State cause for which birth or miscarriage as "Puenperal septicha mia," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere ront) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bron-(name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sarcomo, etc., of Always qualify all diseases resulting from child The nature of the injury; as fracture of skull "Senile," ctc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion."



1 PLACE OF DEATH

	Ch. Ward Fif death occurred in
Village or City Taramake (No. 9),	a hospital or Institution,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 28, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h amalive on 3-25, 1910
7 AGE 64 yrs. 8 mos. ds. If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer)	(Ouralion) yrs. mos. d
9 BIRTHPLACE (State or country) Somerset Co MC	Secondary (Quralion) yrs. mos. (Signed) A A A A A A A A A A A A A A A A A A A
State or country) Tarry madder To provide the state of	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of deathyrsmosds. Stats,yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) for has for great the second secon	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Lansmork eiz mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed, 191 Registras	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Doy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cion, ('ompositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomolive engineer, But in many cases, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., scpsis, tetanus) may be stated on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICINAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as surgical operation was undertaken. For violent deatus birth or miscarriage as "Puerperal septichaemio," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Example: Measles (disease causing death), 29 ds.; Bronsymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. ucphritis, etc. cough; Chronic valvular beart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of "Anaemia" "Old Age," "Shock," "Uracmia," "Weakness," "Coma," (merely symptomatic), The contributory (secondary or intercury symptomatic), "Atrophy," "Convulsions," "Debility" Never report mere ACCIDENTAL, ("Con-



SO

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (relired write None. state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state means of injury and qualify as accidental, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," birth or miscarriage as "Puerperal septichumia," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of..... nephritis, etc. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from childrailway train-accident; (merely symptomatic), The contributory (secondary or intercur-"Convalsions," "Debility" ("Con-State cause for which Revolver Never report mere "Atrophy," wound



PLACE OF DEATH 5935	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City oromotic (No.	Registration Dist. No. 350
2 FULL NAME merson	a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Youth) (Day) (Year
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
Mul 23 184	2
7 AGE Month (Day) (Year)	and that death occurred on the date stated above, at 3.4
73 yrs. 11 mos. 20 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work A particular profession of parti	Coffeena + Sout
(b) General nature of Industry business, or establishment in which employed (or employer)	(Duration) As mg 20
9 BIRTHPLACE (State or country)	Secondary Secondary
10 NAME OF Whitting ten Pola	(Signed) Tre mos
State or country Agenset G. Md	*State the DISPASE CAUSING DEATH, or, is deaths from VIOVENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMEGIDAL.
The state of country of the set of Md Control of Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mercaet Co. Ma	At place of deathyrsmosds. State,yrsmos
(Informant) MAS & G. S. S.	if not at piece of deeth?
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) To conside Cuby	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed #15 , 191 Efferold Registrar	20 UNDERTAKER ADDRESS RIEBRUSEN + Mr. Viconella
If more blanks are needed, address State Registrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as Housewrite Nonc. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestie service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits ean be known. The question taken to report specifically the occupations of persons mobile foctory. is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tubercubosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated Struck by rollway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Collapse," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. cough; Chronic rudvillar heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of head—homicide; Poisoned by carbolic acid—probably to determine definitely. Examples: Accidental drowning, cause. rent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or intercuretc.), "Dropsy," . "Exhaustion;"



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1 PLACE OF DEATH

moreoles	STATE OF MARYLAND CERTIFICATE OF DEATH
County 5936	
Village or City Newark (No. A. F.	Registration Dist. No. 3 / 5 / St.; Ward) [It death occurred in
2 FULL NAME Pearl Pruden	a hospital or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE STREET, MARRIED, MASSIEV	(Month) (Day) (Year)
6 DATE OF BIRTH About 1079	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year	
26 yrs mos ds dr or min.	The CAUSE OF DEATH was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work	J. B. J Lugo and Kingn
(b) General nature of Industry business, or establishment in which employed (or employer)	(Durellon) Z yrs. mos. da
9 BIRTHPLACE (State or country) Maryland	Contributory
10 NAME OF FATHER FATHER Predonu	(Signed) Harve S. Zug M. o
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PLACE OF GOUNTY) 13 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME OF MOTHER PLACE OF GOUNTY 15 MAIDEN NAME OF MOTHER OF MOTHE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental,
of MOTHER Perarl Packeau	SUICIDAL OF HOMICIDAL. LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) MA	OR RECENT RESIDENTS) At piece in the ot death
(Interment) Continued Predemy	Where wes disease contracted, if not et place of deeth?
(Address) Berti hid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied 11- 1915- Whaterwood	20 UNDERTAKER ADDRESS
	ur, M. Saratoga St., Balto., Dequesting V. S. No. 1.

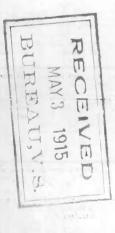


[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers write Nonc. state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic ocid—probobly on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull SUICIDAL, or HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonities," etc. State cause for which mus," "Old .Age," "Shoek," "Uracnia," "Weakness, genital," lapse," "Coma," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial to determine definitely. Examples: Accidental drowning; birth or miscarriage as "Puerperal septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marus-"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Brourent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measkes; Whooping ges, peritonaeum, etc., Carcinomo, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), The contributory (secondary or intereur-"Dropsy," "Exhaustion, "Atrophy," "Col-("Con-



V. S. No. 1.

N. B.—Every ttem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

5937

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3555

St.;.....Ward)

[if death occurred in a hospital or iostitutioo, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOROR RACE 5 SINGLE, MARRIED, MUNU WIDOWED, MUNU ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
No Reckird agethnown , 1	that I lost out by a live on
TAGE about see - 11 da	that I last saw halive on
© OCCUPATION (a) Trade, profession, or particular kind of work	Leurlis g Enrans undertaker Berlin md
(b) General nature of Industry, business, or establishment in which employed (or employer) house! Krifler	(Duratioo) yrs mas. ds.
10 NAME OF FATHER Littlian Brillinghan 11 BIRTHPLACE (State or country.) 11 BIRTHPLACE (State or country.) 11 BIRTHPLACE	Contributory Secondary (Duration) yrs mos ds. (Signed) Deloway 4.1. 4/7-,1915 (Address) Berein may
OF FATHER (State or country) Mury land 12 MAIDEN NAME OF MOTHER Jurener Purnell	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place lo the of death yrs mos ds. State yrs mos ds
(Informant) James, B. Purnelle	Former or usual residence
File Apr- 7, 19 & W. Hallow	Serlin med april 7, 1915- 20 UNDERTAKER 9 APDRESS
If more blanks are needed, address Str	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; For vio-



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Village or City Invivificant & Pu	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357 St.; Ward) [If dealh occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) , 19/2	that I last saw h me alive on and 9 th
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at? om the CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	who attended him (Burallon) yes mos 10 ds
9 BIRTHPLACE (State or country) Something and	Contributory Secondary (Duration), Ars., mos., ds
on 11 BIRTHPLACE	(Signed) Toul ones, M. C.
E OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER VILLE TWINNELL	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Invite/file and	OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of death?
(Address) Introllice md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled 4/17 , 1918) Read Secret	20 UNDERTAKER , ADDRESS , ANDWHULL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," mill; (a) Salesman, (b) Grocery: (a) Foremon, only when needed. As examples: (o) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question write None. Housemaid, etc. taken to report specifically the occupations of persons precise specification as Day laborer, Farm loborer, Laborer mobile factory. The material worked on may form part is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Compositor, Architect, For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Locomotive engineer, etc., If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, menin-

mus, genital," ges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of ... suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whorping on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railwoy train-accident; Revolver surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puenperal septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Brow-(name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uracmia," "Weakness," "Coma," "Convulsions," "Debility" ("Con-"Senile," etc.), "Dropsy," "Exhaustion," State cause for which Never report mere to punon

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE	OF	DEATH	

County Worcester

5939

Registration Dist, No. 355

St.;Ward)

STATE OF MARYLAND

CERTIFICATE OF DEATH

[If death occurred is a hospital or institution, give its NAME Instead of street and comber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED (Write the word) 5 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915 to 1915 to 1915
(Month) (Day (Year)	that I last saw h Lt alive on 4/2 1910
Woul 70 yrs mos ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer).	Colsson Brondites 1900
9 BIRTHPLACE (State or country) Manyland 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Manyland 2 Language OF FATHER (State or country) Manylanden NAME OF MOTHER OF MOTHER	Contributory Secondary (Ountien) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Sig
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted, If not at place of death?
(Address) hovels md	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LIVE TO 1914
Files Gree 7, 1915 W. Holloway REGISTRAN If more blanks are needed, address State Regist	20 UNDERTAKER LEWIS & Carans Reculsion Medicinar, 6 E. Franklin St., Baito, Requesting V. S. No. 1.



CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercu-"Croup";) 'Tuphoid fever (never report "Typhoid causing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-

> ture of the American Medical Association.) cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchonneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.—Every item of information should be CAUSE OF DEATH in plain terms, so

1 PLACE OF DEATH STATE OF MARYLAND 5940 CERTIFICATE OF DEATH Registration Dist. No. 355

Ilf death occurred in

	FULL NAME Fred Ray	a hospital or Institution, give Its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	MARRIED, WIDOWED, WILLIAMS	16 DATE OF DEATH Affail , 1915
M	We while (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH (Month) (Day (Year)	that I last saw h = allve on Afrold ed 1915
TA	GE If LESS than	and that death occurred on the date stated above, at 2 4, m
(a	3 6 yrs 8 mos ds. 1 day,hrs. OR min. ?	The CAUSE OF DEATH* was as follows:
(b) bu	orticular kind of work. General nature of industry, siness, or establishment in Lich employed (or employer) IRTHPLACE (State or country) Murulund	Contributory Character Meffecter Secondary (Doration) yrs mos di
NTS	11 BIRTHPLACE OF FATHER (State or country) May and	(Signed) Iralegnace . M. 1 M. Jehl 1, 1915 (Address) Buli had
PARENTS	12 MAIDEN NAME OSE Parman 13 BIRTHPLACE OF MOTHER (State or country) Machand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At piace in the of deathyrs,mosd
14 -	(Intermant) Codevoed Kuyne	Where was disease contracted, If not at place of death? Former or usual residence
16 Fi	(Address). Berlin md 1ed 4/4 , 1818 Wh Jacloway REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Bellin Md Spril H., 1912 20 UNDERTAKER ADDRESS
-	If more blanks are needed, address State Regist	trar. 6 E. Franklin St. Balto Baquasting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persous As examples: (a)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH state Very CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No If death occurred is PHYSICIANS St.; ...Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, (Month) (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 0 back ARENTS 11 BIRTHPLACE (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME ATH in plain instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs, ____ mos. ds EATH Where was disease contracted. If not at place of death? a Former or OF (informant) usual residence Important. Every It 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Meastes; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



atement of	Coun		STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 367
J. Exact st	Villa	ge or City Drowbill and (No. 2 FULL NAME Gronge Ivers	St.; Ward) [If death occurred in a hospitat or institution, give its NAME instead of street and number.]
iffe		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ly class	no mo	2 Color or RACE 5 SINGLE, MARRIED, MOUVED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY That Lattended deceased from
proper	6 DA	TE OF BIRTH Jan 19. 1830	17 I HEREBY CERTIFY! That I attended deceased from Nich 20 ,1915, to 9775,1915, that I last saw h walive on 9775 1915
it may be	7 AG	(Month) (Day) (Year) E If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at 1.2.9m. The CAUSE OF DEATH * was as follows:
ms, so that	pos (b (a	CCUPATION () Trade, profession, or riticular kind of work () General nature of industry siness, or establishment in ich employed (or employer)	Chronies refolicitios (Ouration) 2 yrs. mos. ds.
lain ter		(State or country) Workship lo md	Secondary O (Outsign) vrs. mes. ds.
DEATH in pl nportant. Se	RENTS	10 NAME OF FATHER dond- now 11 BIRTHPLACE OF FATHER (State or country) dond- now 12 MAIDEN NAME	(Signed) JOHN L. Cyley , M. O. Company of the Dispase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homeidal.
AUSE OF is very in	PA	13 BIRTHPLACE OF MOTHER (State or country) dond- none	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
state C		(Informant) formie Robardon	it not at place of death ? Former or usual residence
should	15 File	(Address) Anow ruce and, ed 4/2/, 191 V RELOY Swith REGISTRAR	Date of Burial OR REMOVAL DATE OF BURIAL Ebeneger Cuntry Apr 21, 191.2. 20 UNDERTAKER Prilliam & Philliams Anorofile,
•		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Screant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (o) Spinner, (b) Collon cian, Compositor, Architect, Locomolive engineer, ('avil engineer, Stationary fireman, etc. But in many eases, ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Furmer or Planter, Physiapplies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in For persons who have no occupation whatever Locomotive engineer,

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

chopneumonia (secondary), 10 ds. ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puenperal septichaemia," cause. Always qualify all diseases resulting from child-"Heart failure," "H:emorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronie valendar heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles, Whooping on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "Publiphenal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," rent) affection need not be stated unless important (name origin; "Caneer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning; The nature of the injury, as fracture of skull, Never report mere wound of ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent firther correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1915 BUREAU, V.S.

S.B.

	A COMPANY				
1 PLACE OF DEAT	H	10.		STATE OF MA	ARYLAND
County Nove	ster 5943	(UV)	CE	ERTIFICATE (OF DEATH
71 (1	7	U	I'N'I	Registration D	ist. No. 350
Village or City Jon	Coroll (No.			St.;Ward)	[if death occurred in
amago of Oity	2/22	12/	•	· · · · · · · · · · · · · · · · · · ·	a hospifal or institution, give its NAME instead
² FULL NAME	- 70	Notes	nson		of streef and number.]
PERSONAL AND	STATISTICAL PARTICU	LARS 0	MEDIC	AL CERTIFICATE	OF DEATH
3 SEX 4 COLOR	OR BACE 5 SINGLE,	4	16 DATE OF DEATH	aha	il 8 10116
Male G	GIA OR DIVORCED	Tragle		(Month)	(Day) (Year)
6 DATE OF BIRTH	(Write the word)		17 WEREBY	ERTIFY, That I a	ttended deceased from
De	sit kansa Du	- 870	Junes	7, 191. , to	me 3, 1910,
***************************************	(Month) (Day)	(Year)	that I last saw h		me 5th, 1915,
7 AGE	0	If LESS than 1 day, hrs.	,00		tated above, at 4 m.
	s. AK mos. K. ds.	OR min.?	The CAUSE OF DEA	was as follo	ows:
8 OCCUPATION (a) Trade, profession, or	7 1,		ravay	neums	uas.
particular kind of work.	Harm lafor	ev.	713.	·····	······································
(b) General nature of industry business, or establishment in				(Duration)	yrs. mee. 7 ds.
which employed (or employer) 9 BIRTHPLACE	5.6		Contributory		
(State or country)	la.		Secondary		0
10 NAME OF	01.4			(Turation)	yren mos ds.
FATHER	Sert four		(Signed)	- 1	- with
OF FATHER (State or country)	Sout Ke		*State the DISE.	ASE CAUSINO DEATH, O	or, in deaths from VIOLAT
C 12 MAIDEN NAME	10 /	v	Causes, state (1) M Suicidal or Homicid.	feans of Injury; and	or, in deaths from VIOLAT (2) whether ACCIDENTAL,
OF MOTHER	Hist K	now	18 LENGTH OF RESIDE		, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	Son to Ke		At place of deathyrsm	In th	s ; te,yrsmoeds.
14 THE ABOVE IS TRUE T	O THE BEST OF MY KNOWL	EDGE	Where was disease contracted	i,	**
Ω	med to hast	2-	if not at place of death? Former or		·····•································
(Informant)	on who	5 22 1	usual recidence		
(Address) (1-0	comore of	3-4mc	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
15 4/0	-C. 1 2/10	01.40	20 UNDERTAKER	, 0/0	ADDRESS
Filed / 19	Morale Hoom	REGISTRAR	Volum Ba	ellard	Pocomoke
		HE WISTRAN	11/100		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Hame, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Furm labarer, Laborer is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. mobile factory. mill; (a) Salesman, (b) Cracery; (a) Foreman, cian, Compositor, Architect, Locamative engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits ean be known. The question applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis af lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letonus) may be stated suicide. The nature of the injury, as fracture of skull, on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-prabably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Conna." "Convulsions," "Debility" ("Con chapneumonia (secondary), 10 ds. Never report mere Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. "Tunor" for malignant neoplasms); Measles; Whooping caugh; Chronic valvular heart disease; Chronic interstitiol ges, peritoniarum, ctc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the by railway train-accident; Revolver wound af Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Atrophy," "Col-"Exhaustion,"



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

B.—Every item of information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

RECORD

PERMANENT stated EXACTLY.

4

UNFADING INK-THIS IS

WRITE PLAINLY, WITH

B. No. 1.

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1	PI	A	CE	OF	D	F	AT

County Worlested

5944

STATE OF MARYLAND CERTIFICATE OF DEATH

ļ	Registration	Dist	No	3	5	0
	Registration	DISC.	HU.		******	****

Village or City Mot Preasurities.	St.; Ward) a hospital or Institution
* FULL NAME Calet Houry	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marrieo, Micowed, Marrieo, Wiowed, Ordiverced (Write the word)	16 DATE OF DEATH April 2 2 mg, 1916— (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
DATE OF BIRTH Feloy 13 t (Mopph) (Day) (Year)	april 6, 1915, to april 2, 2, 1915, that I last saw humalive on april 2, 2, 1915
7 AGE If LESS than 1 day, hrs. 2 mos. 7 ds. 0R min.?	and that death occurred on the date stated above, st. 8 a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, er particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Juliereulasia (Duratioo) yrs. mos. ds.
BIRTHPLACE (State or country) worcesty Co. And	Contributory (Secondary) (Doration) yrs mos ds
11 BIRTHPLACE (State or country) W resolve Co 2nd 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Judaniford , M. D. April 22, 191 0 (Address) Rend Columnia *State the Disease Causing Death, or, in ideaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Heurella Schofiels 13 BIRTHPLACE OF MOTHER (State or country) Waresley Co MS	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Poromotic Coty (R A C)	Where was disease contracted, If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A Contract 24, 1914
4/22 ms Enlan Hilling	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or indust;; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative ...ealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation bas Farmer or Planter,

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Potsoned mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is icss definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) which surgical operation was undertaken. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can "Exhaustion," Examples: For Vio-



Cour	1 PLACE OF DEATH The More Clister 5945	STATE OF MARYLAND CERTIFICATE OF DEATH
Villa	ge or City Berlini (No.	Registration Dist. No.
·	2 FULL NAME Elijah Show	ward) a hospital or institution, give its NAME instead et street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 CHNGLE, MARRIED, WIGOWED OR GIVORGED (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
6 DA	TE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
	(Wonth) (Day) , 1858	that I last saw h 4 analive on 4/// 19\5
7 AG		and that death occurred on the date stated above, at
	yrs. 8 mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 00	CCUPATION 2 1	Telesonery Plethuser
pai) Trade, protession, er Salvoring North	
bus	General nature of industry Siness, or establishment in	(Buration) 2 vrs. mes. ds.
wh	RTH PLACE	(Perlande de la co
	(State or country) Maryland	Contributory Secondary
	10 NAME OF Milly Showell	(Signed) The Survey M. O.
RENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISPASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIOEN NAME of MOTHER Herry Rwell	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, Mate (1) MEANS OF INJURY; and (2) whether Accidental, Suicinal or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place the the of desth
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at piace of death?
	(Informant) of andy showell	Former or usual residence
	(Address) Birlin Mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	april 17 1915 WL Followay	20 UNDERTAKER ADDRESS
	REGISTEAR	of Whoward This Berlin mil
	If more blanks are needed, address State Registrar,	W. Saratoga St., Balto., Dequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," nephritis, etc. The contributory (secondary or intercuron Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, birth or miscarriage as cte., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causc. (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Puenpenal septichaemia," "Dropsy," Never report merc "Exhaustion,



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Count	Truesty 5946	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350
Village	e or City Trecuphe. (No. 2 FULL NAME Riley M. Ster	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DAT	TE OF BIRTH Nov. 42 184	HEREBY CERTIFY, That I attended deceased from
7 AGE	E (Month) (Day) (Yeylr) E If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 29 n
parti (b) bush	Yrs. mos. ds. or min.r CUPATION) Trade, profession, or tlcular kind of work) General nature of industry iness, or establishment in ch employed (or employer)	Dudden Rollafurg (Duration) Jyrs. mos.
9 BIF	RTHPLACE (State or country)	Secondary (Buralton) yrs mos.
	10 NAME OF FATHER Jus. J. Stemmen. 11 BIRTHPLACE OF FATHER	(Signed) / Millson M.
ARENTS	(State or country) 12 MAIDEN NAME ALLIEUR A A	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT
14 TH	13 BIRTHPLACE OF MOTHER (State or country) RE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENTS) At place of death
,	(Informant) & S. Hayegsi	Former or wsual residence
(19 DIAGE OF BURIES OF BEHOVES
15	(Address) Tremerke Right And Hillian	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

-precise specification as Day laborer, Farm laborer, Laborer state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired Housemail, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never mill; (a) Solesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cion, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in Locomotive engineer, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uracmia," "Weakness," and consequences (c. g., sepsis, telonus) may be stated on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic ocid-probably Struck by railway troin-occident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valendar heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Coma," "Convu The contributory (secondary or intercur-Never report mere ACCIDENTAL,



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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pe IS should UNFADING INK-THIS AGE carefully supplied. may be certificate. that ō 80 PLAINLY, WITH pe See Instructions on back in plain terms, Item of Information should DEATH WRITE CAUSE OF Important.

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

8 OCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER (

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

14 THE ABOVE IS TRUE

(Address)

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of industry, business, or establishment in which employed (or employer)

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

Month)

4 COLOR OR RAGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward) St.:

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

5 SINGLE,

MARRIED, Ju

Write the word)

(Year)

If LESS than

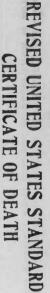
1 dayhrs.

OR 7

REGISTRAR

If more blanks are needed, address State Reg

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16 DATE OF DE	ATH	apri	() h)	Bo U	(Year)
17 1	HEREBY	CERTIFY	That I a	tended (eceased fro
~~~ <b>~~</b>	1	91, to			
that I fact court					
that I last saw I	) a!	iive on			, 191
and that death o	ccurred	on the date	stated al	ove, at	466
The CAUSE OF	DEATH*				
40 st	ysi	ca	a	llu	ided
Still	ys.	on			· · · · · · · · · · · · · · · · · · ·
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Secondary				- 47	(42
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(Circula III	D	10	ne		
(Signett)			1		The second M.
4/30/	, 1915.	Address)	Hoc	Rev	Julie V
	DISEASE (	CAUSING DE	ATH, or, in	deaths	from VIOLEN
*State the	(1) Men.		RY : and	(2) whe	ther Accide
*State the CAUSES, state TAL, SUICIDAL	(1) MEA or Homi	CIDAL.	, 414		i.
18 LENGTH OF	RESIDEN				
	RESIDEN				
18 LENGTH OF OR RECENT R At place of death yrs.	RESIDEN ESIDENTS)	CE (FOR HO	SPITALS, IN	STITUTION	
18 LENGTH OF OR RECENT REAL At place of death yrs. Where was disease	RESIDENTS) mos.	CE (FOR HO	SPITALS, IN	STITUTION	S, TRANSIENT
18 LENGTH OF OR RECENT R At place of death yrs.	RESIDENTS) mos.	CE (FOR HO	SPITALS, IN	STITUTION	S, TRANSIENT
At place of death yrs. Where was disease if not at place of de	RESIDENTS) mos.	CE (FOR HO	SPITALS, IN	STITUTION	S, TRANSIENT
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18 LENGTH OF OR RECENT RI At place of death yrs. Where was disease if not at place of de Former or usual residence	RESIDENTS)	CE(FOR HO	in the State	yrs,	BURIAL
18 LENGTH OF OR RECENT RAT place of death yrs. Where was disease if not at place of deformer or usual residence	mesidents)  mos. contracted, ath?  URIAL OF	CE(FOR HO	in the State	STITUTION  yrs,	BURIAL



[Approved by U. S. Census and American Public Health Association.]

tion is very Important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persous cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc., But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaevalvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Mcasles; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakuess," tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations ou statement of State cause for Never report 10



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1 PLACE OF DEATH

STATE OF MARYLAND



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Doy laborer, Form luborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Collon especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar fineumonia, Branchopmeumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perdonitis," etc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Urwnia," "Weakness," genital," "Senilc," etc.), lapse," "Coma," chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... "Anaemia" (merely symptomatic), Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Meosles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary of intercur-"Convulsions," "Debility" ("Conby carbolic acid-probably "Dropsy," "Exhaustion," "Atrophy," ACCIDENTAL,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 4 1915
BUREAU, V.S.

S. No. 1.

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	1 PLACE OF DEATH	STATE OF MAI	RYLAND
Coun	Vocester Votes	CERTIFICATE O	F DEATH
Oun	1. 71	Registration Dis	st. No. 350
Villag	ge or city Cedar Stall(No.	St.; Ward)	[If death occurred in a hospital or institution,
	2 FULL NAME Charles Jenny	Turlington	give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3 SE)	M WIDOWED Man 1	16 DATE OF DEATH (Month)	6 12,1915
Male Colored (Write the word)		17 I HEREBY CERTIFY, That I att	(Day) (Year)
February (DK.) 1854		that I lead and h 200 (1100 and 1100 an	ne 1345, 1915,
7 AGE (Month) (Year)		and that death occurred on the date str	ated above, at Pm.
	6/ yrs, D.X. mos, J.K. tis, OR min.?	The CAUSE OF DEATH * was as fellow	vs:
(a) Trade, profession, or		Total Inle	monal.
(b) General nature of industry business, or establishment in		(Touration)	vrs. mes. /3 ds.
which employed (or employer)  BIRTHPLACE		Contributory Ary	ation
+	(State or country)  //a.	Secondary Ourstign	yrs
	10 NAME OF Sout Know	(Signed)	Comes M.O.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PARE	12 MAIOEN NAME OF MOTHER Sort Know	SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country)  State or country)	OR RECENT RESIDENTS) At place In the of deathyrsmosds. Stete,	yrsmos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE		Where was disaase contracted, If not at place of death?	
	(Informant) Comp Man	Former or usuel rasidence	
-	(Address) Total City /	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed 19 1915 Ejdman Hillman REGISTRAR		20 UNDERTAKER Bullard	ADDRESS Pacomske
	REGISTRAN	4/1010	V 00

4-3-5 Fe 44

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

2.9

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of the second statement. "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Form laborer, Laborer write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material werked on may form part only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetonus) may be stated SUICIDAL, or nomicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. head-homicide; Poisoned by corbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," Struck by railway train—occident; Revolver wound of surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Heart failure," "H-emorrhage," "Inanition," "Maraslapse," "Coma," "Annemia" symptoms or terminal conditions, such as "Asthenia," chopueumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronmephritis, occ. cough; Chronic vulnulor heart diseose; Chronic interstitiol rent) affection need not be stated unless important; "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), (merely symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," "Dropsy," "Debility" Never report mere "Exhaustion," ("Con-

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RECEIVED

MAY 1915

BUREAU.V.S.

RECORD

S. No. 1.

N. B.

County Woreston 5950	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 35
Village or City Grow Hill (No	St.; Ward)  [It death occurred in a hospital or institution, give ils NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 4 COLOR OR RACE S SINGLE, MARRIEO, Marrie de Mills (Write the word)	16 DATE OF DEATH Of 9, 1915 (Year)
B DATE OF BIRTH know , 1844 (Month) (Day (Year)	that I last saw her alive on and g 1915.
7 AGE (SIGHT) (Day (1ear)  1 (1ear)  1 (1ear)  1 (2ear)  1 (2ear)	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	- Orientia Ho
business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Lagriffic Secondary
10 NAME OF FATHER Chas savio	(Signed) Olive A, July M. D.
OF FATHER (State or country) Danyland  12 MAIDEN NAME	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Soul Brown  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Lichard	Where was disease contracted, It not at place of death?  Former or  usual residence
(Address) Servities  15 Filed 4/11, 1915) RELOY Smith	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  POUNDERTAKER  ADDRESS
HEUSTRAK	"W. J. & ram know Hell

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Cure duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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MAY5 1915
BUREAU, V.S.

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ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. 4 may be properly classifled. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE supplied. n terms, so on on back of c DEATH in plain See instructions of Information DEATH CAUSE OF Important.

PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St .:-.Ward) [if death occurred in a hospital or institution, give its NAME tostead ot street and number.]

DEPCONAL AND STATISTICAL DARTICHLADS

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF BEATH
75male le liels 5 single, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Nonth)  (Day (Year)  17  1 HEREBY GERTIFY, That I attended deceased from
6 DATE OF BIRTH  900.  (Month)  (Day (Year)	abl 20/h 1915 to apr 22 1915.  that I last saw h 4 alive on Popul 222 1915.
7 AGE    1 LESS than t day,hrs, ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	with infect of finger mails, followed by blood poisoning (Duration) yes mos de
which employed (or employer)  BIRTHPLACE (State or country) Bavaria	Contributory Intecility Valvalue discovery the heach (Duration) on yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)  Bavariq	(Signed) Faul Jones, M. O.  April 30 1915 (Address) Snow Hell Med  *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Susama Bittor 13 BIRTHPLACE OF MOTHER (State or country) Bavaria	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Go le. Hollwook	Where was disease contracted, If not at place of death?  Former or usual residence
(Address). Gradulino R7 5 74)  16 Filed april 30 18, 1915 RELOY SWILL REGISTRAR	Phila Pa.  Phila Pa.  Address  Address  All Asamo Santillo II

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease fication as Day taborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mitl; (a) Satesman, (b) Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uever report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of tungs, meninges, peritonacum, etc., Carcin-

genltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," vatvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name orlgin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by raitway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal schichaecause. Always qualify all diseases resulting from ctc., when a defiuite disease cau be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenelaby carbotic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Contributory." dent; Revotver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; Never report cause for

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MAY 5 1915 EURFAU, V.S.

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SIENTS,
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# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

of given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Sdlesman, (b) Growry: (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used engineer, Stationary fireman, etc. But in many enecs, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever The material worked on may form part Never return "Laborer," If retired from (b) Aulo-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver around of SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as birth or miscarriage as "Puerperal septichumia," "Heart failure," "H.:emorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," cough; Chronic nalvylar heart disease; Chronic interstitial head-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which cause. etc., when a definite disease can be ascertained as the genital," lapse," "Coma," "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. mephritis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Meastes, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinonia, Sarcoma, etc., of . . . . Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Convulsions," "Dropsy," "Debility" "Atrophy," "Exhaustion," ACCIDENTAL, ("Con-

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	PLACE OF DEATH 5958	STATE OF MARYLAND		
	Marce Te-	CERTIFICATE OF DEATH		
Col	unty	Registration Dist, No. 3.5 14		
	7 17/1			
Vill	age or City Duckstry 14d. (No.	St.; Ward) [If death occurred in a hospital or institution,		
	1	give its NAME Instead		
	SELLI NAME Caker Wise	of street and number.]		
	- FOLL NAME			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
SEX COLOROR RACE SINGLE,		16 DATE OF DEATH Cipil 4 . 1916.		
Mule Colored (MIDDWED, ORDINDRED)		(Month) (Day (Year)		
6 0	,	HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH		1915, to Comment 2, 1915,		
	(Month) (Day (Year)	that I last asw h rescalive on a suffer 2 , 1915		
7 A	a ç lí LESS than	and that death occurred on the date stated shove, at 4 m,		
a	1 day,hrs.	The CAUSE OF DEATH* was as follows:		
80	CCUPATION OS. ds. OR	D f		
(a)	Trade, profession, or	Loter Preumonia		
	Canaral nature of Industry			
(b) General nature of Industry, business, or establishment in which employed (or employer)		(Buratien)yrsmosds.		
SBIRTHPLACE (State or country) M. d.		Secondary		
_	10 NAME OF	(Duration) yrs mos ds.		
	FATHER Genrae Wins	(Signed) Much. Delsers N. D.		
S	11 BIRTHPLACE	Cepies 5, 1915 (Address) Devobely Ma		
Z	OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.		
P	OF MOTHER Caster Ward	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	OF MOTHER (State or country)	At place In the		
		of death yrs, mos ds. State yrs, mos ds Where was disease contracted,		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		If not at place of death?		
(Interment) William Pallard		Former or usual residence		
(Address) Mew Church Va		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
16	(AUU1033.47)	Ward Cenclary 4/6, 19151		
Filed 4/5/ 1915 Watame		20 UNDERTAKER ADDRESS		
T1	EGISTRAR	Frank Countan Kew Columed		
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.				

### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or termson the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton mill; (a) Salesman, etc. Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman," (0)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meninglitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuclesis of lungs, meninges, peritonacum, etc., Carcin-

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MAY3 1915
BUREAU, V.S.